

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016112

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 236 Primary Registration District No. 5818 Registrar's No. 17

**FILED APR 17 1962**

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moreau Township</u>		c. CITY OR TOWN <u>Versailles</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8 Mile N. Versailles</u>		d. STREET ADDRESS (If outside, give location) <u>8 Mile North</u>	

3. NAME OF DECEASED (Type or print) First <u>Julius</u> Middle <u>Edward</u> Last <u>Soertcher</u>			4. DATE OF DEATH Month <u>April</u> Day <u>12</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-20-85</u>	9. AGE (last birthday) <u>76</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>
11. BIRTHPLACE (City and state or country) <u>Comden County, Mo.</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		

13a. FATHER'S NAME <u>John Soertcher</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Tischer</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle N. Soertcher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Mrs Myrtle Soertcher Versailles, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		<u>9 yrs.</u>
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1953</u>	20f. CITY, TOWN, OR LOCATION <u>Versailles, Mo.</u>	COUNTY _____ STATE _____
21. I attended the deceased from _____ to <u>April 12 1962</u> and last saw him alive on <u>April 12 1962</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>Jack Gunn MD</u>	22b. ADDRESS <u>Versailles, Mo.</u>	22c. DATE SIGNED <u>4.13.62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Apr. 14-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Prairie View Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Morgan Co., Mo.</u>
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24. FUNERAL DIRECTOR <u>Midwell Funeral Home Versailles, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-14-62</u>	26. REGISTRAR'S SIGNATURE <u>JL [Signature]</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0710  
2 0710  
3 1  
4 0  
5 1  
6  
7 0  
8 2  
9 4200  
10  
11  
12 90-0  
13 2-0

DATE AMENDED

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Raymond C. Harbo*

Licensed Embalmer No. 4626

P. O. Address Verona, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

• If this body is not embalmed, fact should be so stated above.